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CONFIRMATION NO. 8020

<b>SERIAL NUMBER</b> 10/733,208	<b>FILING OR 371(c) DATE</b> 12/10/2003 <b>RULE</b>	<b>CLASS</b> 427	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 30817-1007	
<b>APPLICANTS</b> Paul O. Zamora, Gaithersburg, MD;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/432,504 12/10/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/22/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 5179					
<b>TITLE</b> Cross-linked heparin coatings and methods					
<b>FILING FEE RECEIVED</b> 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		